

POSITION	INITIALS	IF. NO.	DATE
FEE DETERMINATION	jb		04/18-8
O.I.P.E. CLASSIFIER			5/10/01
FORMALITY REVIEW	Son	1000	06/08/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	07/23/01
2	07/23/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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